Barchester Healthcare Homes Limited

High Habberley House

Inspection report

Habberley Road
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Website: www.barchester.com

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 23 March 2015 and was unannounced.

The provider of High Habberley House is registered to provide accommodation and nursing care for up to 45 people who have nursing needs. At the time of this inspection 32 people lived at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were receiving training to support them to understand the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This law sets out to support the rights of people who do not have the capacity to make their own decisions or whose activities have been restricted in some way in

Summary of findings

order to keep them safe. We found there was an inconsistent approach in applying the MCA in order to support people's rights when specific decisions needed to be made. Mental capacity assessments were not always in place and this meant there was a risk that people's rights might not be supported in their best interests by the people who were legally able to do this. Staff obtained people's consent before providing them with support by asking for permission and waiting for a response, before assisting them.

People told us they felt safe living at the home. People were kept safe because the registered manager and staff understood their responsibilities to identify and report potential harm and abuse. The registered manager consistently reviewed accidents, incidents and safeguarding concerns to reduce the possibility of people being harmed.

People and staff said there were sufficient numbers of staff available to meet people's needs. The registered manager kept staffing levels under review alongside people's individual needs to reduce risks to people's wellbeing. The registered manager made all the appropriate checks on new staff's suitability to work at the home.

Staff received training and support to develop their skills and knowledge. Staff had opportunities to reflect on their practice and learn from other staff so that people's needs were effectively met and promoted.

People had their prescribed medicines available to them and these were administered by staff who had received training to do so.

Risks to people's health and wellbeing were known by staff and well managed. The registered manager and staff maintained close links with external health care professionals to promote people's health.

People told us the meals were good and were supported to eat and drink enough to meet their dietary needs. The registered manager was focusing upon people's meals to make sure they were as good as they could be in meeting people's particular food tastes.

People were cared for by staff who knew them well and who they described as kind, caring, respectful and patient. Staff respected people's dignity and privacy and responded to people's individual needs whilst they supported people to maintain their levels of independence.

People told us they were able to follow their interests with some support from staff. The registered manager was developing further social and leisure pursuits for people.

People knew how to raise any concerns and who they should report any concerns to. The registered manager responded to people's complaints and took action to improve the service as a result of complaints.

The registered manager was aware of their responsibilities and had developed systems to monitor the quality of the service people received. There was evidence that learning from incidents and investigations took place and changes were put in place to improve the service people received.

The registered manager was continually looking at how they could provide better care for people. In doing so they valued people's views about the services provided and used these to drive through improvements and further develop services people received.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt safe and arrangements were in place to reduce the risk of abuse. There were systems in place to make sure staffing levels were maintained in order to meet people's needs safely. Arrangements were in place so that people's medicines were made available to them and they were managed safely.

Good

Is the service effective?

The service was not consistently effective. People's capacity to be able to consent to their care had not always been formally assessed in line with the requirements of the Mental Capacity Act (2005). This meant that there was a risk that people's rights might not be fully protected in their best interests.

People were supported to have enough food and drink and staff understood people's health and nutritional needs. Nutritional and healthcare support from external professionals was evident and meals were reviewed to further promote people's wellbeing. Staff were supported and received training which enabled them to meet people's needs effectively.

Requires Improvement

Is the service caring?

The service was caring.People told us that staff were kind and polite and we saw that they were. Staff knew people's likes and dislikes which promoted people's individuality. We saw people's privacy and dignity was respected by staff.

Good

Is the service responsive?

The service was responsive. People told us their individual needs were responded to so these could be met in a personalised and caring way. The registered manager was working to further improve the opportunities people had to do interesting and fun things. People felt that their concerns were listened to and would be acted upon.

Good

Is the service well-led?

The service was well led. The provider had a registered manager in place who was open and transparent in the management of the home. People, relatives and staff were all complimentary of the registered manager and told us that the services people received were well managed. There were procedures in place to monitor the quality of the service and where issues were identified there were action plans in place to address these.

Good

High Habberley House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 23 March 2015. The inspection team consisted of three inspectors.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the PIR within the required timescale and used the information from this to help inform our inspection process.

We checked the information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law.

We requested information about the service from the local authority. They have responsibility for funding people who used the service and monitoring its quality. Information we received from the local authority told us that they had no concerns about the care people received or the way in which people were treated.

We spoke with eight people who lived at the home, six relatives, the registered manager, five staff members which included the head chef. We spent time observing care in the communal areas of the home. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who use the service.

We looked at the care records related to seven people. We also looked at accidents records, training records, two staff recruitment records, menus, complaints, quality monitoring and audit information.

Good

Is the service safe?

Our findings

People spoken with told us they felt safe with the staff who supported them. One person told us, "They look after me very well. I am safe." Another person told us, "I'm safe enough." Relatives told us they felt their family members were safe. One relative we spoke with told us, "When I go home from here I never have any qualms leaving [person] and I can ring up at any time." We observed staff act in an appropriate manner when they supported people. We saw people were comfortable and relaxed around the staff.

We spoke with staff about how they made sure the people they provided care and support for were safe. They told us they had training in protecting people from abuse and what abuse was. Staff we spoke with were able to describe what abuse was and what they would do if they had any concerns about people's safety. One staff member said, "We have updates in our training about safeguarding people. I know what whistleblowing is and I would feel confident to raise any concerns I had with the manager."

The registered manager notified us about any safeguarding concerns, and reported on actions they had taken to protect individuals. Where there were concerns that related to staff, these were dealt through the provider's formal employment and disciplinary procedures to reduce the risks of abuse and or poor staff practices.

Risks to people were recognised and assessed and staff had information to promote people's safety and this matched what staff told us. We saw people were supported by staff who knew how to manage individual risks to people so that these were reduced. For example, we saw staff followed safe practices when they supported people to move from one place to another with equipment, such as, a hoist.

We also saw people had call bells close at hand so that they were able to summon staff so that people received the assistance they needed in an emergency and or to meet their everyday needs. One person told us, "If I needed help I ring the call bell. They (staff) normally come straight away but if they are busy I have to wait a little while." Another person said, "Usually staff come quickly; depending on what they are doing. Occasionally there is a delay but usually they are prompt."

We saw recordings that confirmed staff had completed accident forms when incidents had occurred. The recordings informed us that actions had been taken as a result of accidents and where possible systems put in place to prevent recurrences.

People who lived at the home told us there were enough staff to meet their needs. One person told us, "Generally there is enough staff on duty. Occasionally staff are sick but that happens rarely." Relatives told us they felt that generally there were enough staff on duty. A relative commented, "Seem to be short of staff from time to time but [person] still receives the care they need." Our observations showed that people received support with their care needs at times when they needed it and staff were visible around the communal areas of the home on the day of our inspection.

The majority of staff we spoke with did not raise any concerns about the levels of staffing and told us that staff absences would be covered by permanent staff. The registered manager told us that they had some vacancies for nurses and whilst they recruited to these posts agency nurses might be used. Some staff commented that there were times when they were very busy and they did not get the opportunity to spend as much time with people as they would like. The provider assessed people's individual needs so that these were met by the appropriate numbers of staff with the right skills which included a nurse on each shift. We saw that discussions were in progress about how one part of the home would be staffed going forward.

Effective systems were used to make sure staff were only employed if they were suitable and safe to work in a care environment. We looked at the records around staff recruitment. We saw that all the checks and information required by law had been obtained before new staff were offered employment in the home.

We observed a morning medicine round and saw people were protected against the risks associated with medicines. This is because the provider had appropriate arrangements in place to manage medicines. One person told us, "Staff support me with my medicine. If I am in pain I ask and they will give me painkillers." We observed the member of staff checked each medicine and checked people had taken it prior to signing the records. Staff received training in the safe handling and administration of medicines and had

Good

Is the service safe?

their competency assessed. We reviewed the medicine administration record for some people who lived at the home and we found the systems were effective and people were receiving their medicines as prescribed.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate; decisions are made in people's best interests when they are unable to do this for themselves. We saw staff were completing DoLS applications for some people who had bedrails in place as it had been recognised that this equipment could be a possible restraint. We saw people had individual assessments for the use of bedrails however; these did not include consideration of people's ability to consent to this equipment or of actions that should be taken if people did not have the capacity to consent. We discussed this with the registered manager and staff who confirmed mental capacity assessments had not been completed. We also found there was no documentation to show where people's representatives had consented on their behalf had the legal authority to do so. This meant that there was a risk people's rights would not be supported as required by the law.

We found that the registered person had not protected people against the risk of not consenting to the care and support they received. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection the registered manager informed us they had taken immediate action and where required, assessments of people's capacity had been completed.

People told us that staff always asked them for their views before they did anything. We saw that staff obtained people's consent before providing them with assistance and supported people to make decisions. These included choices about what people wanted to drink and whether people wanted to join in playing darts on the afternoon of our inspection. We found some people were able to consent to their care and support. This was recorded in their care plans.

People told us they were happy with the care and support they had received. One person told us, "The care is very good. They (staff) can't do enough for you, they really look after us." Another person said, "Staff are very knowledgeable." The majority of relatives spoken with told us about positive experiences regarding the way that staff recognised people's needs and ensured they had the support they needed. One relative said, "Wonderful care." Another relative told us, "Care is good. It is obvious the staff know what they are doing. I am quite pleased with the nurses as they pick up on small details."

One member of staff told us that they received an two week induction programme where they had worked alongside other experienced care staff. Staff we spoke with told us they could make requests for specific training to meet people's individual needs and these were listened to. For example, staff had asked for training in the medical condition of Parkinson's disease and they had now received this training. The registered manager was aware of gaps in staff training and had addressed these by working alongside the trainer for the home. All staff spoken with told us they received the training they needed to be able to do their jobs effectively and felt well supported. One member of staff told us, "We are consistently updating our training." Another member of staff told us that they had regular one to one meetings and had time to discuss the needs of people and their own development.

People who lived at the home told us they liked the food and everyone told us that they had plenty to eat and drink. One person told us, "The food is very good. They (staff) come around every day with a menu. There are usually two options sometimes three. Some things I don't like but they will change it to something else. Another person said, "On the whole the food is extremely good but can be a bit fancy." Relatives we spoke with were complimentary about the food provided. One relative told us, "Food always looks very nice." The registered manager had already taken action to review the meals provided to people to ensure they continued to suit people's particular tastes.

The head chef and staff we spoke with had a good understanding of people's dietary needs and their preferences. Records showed that people had an assessment to identify what food and drink they needed to keep them well. One person told us, "They cooked me a diabetic cake for my birthday." We spoke with the head chef who told us that when a person came to the home the nurse would inform them of the person's dietary needs. We saw that people had been given a choice of food and drinks and noted that throughout the day people were offered and supported with drinks and snacks.

Requires Improvement

Is the service effective?

People we spoke with told us they saw the doctor when they needed to and this was also confirmed by relatives who we spoke with. Records showed us when appointments had been made and what advice had been given by medical professionals. One person told us how they were supported by staff to attend medical appointments. They told us, "I have had my teeth done and had to go to hospital for my hearing. They (staff) take you in a taxi and they take complete care of you. They only pick the best those who are knowledgeable to go with you. “Another person said, “I have been to the dentist. The optician comes in regularly.” A relative of a person at the home told us, “When needed, they get a doctor in straight away.” This supported people to access health services which promoted their needs.

Good

Is the service caring?

Our findings

People who lived at the home told us that staff were caring. One person told us, "I'm alright here; I'm friends with the staff. They treat me with respect" and "It's very good here the staff are caring." Another person told us, "Staff are caring. I am contented, as happy as I can be." People who lived at the home and their relatives told us that visitors were made welcome. One person told us, "My family can visit when they want." A relative said that they had recently enjoyed mother's day and had a Sunday lunch with their mother at the home. Another relative told us, "They (staff) are always chatting and laughing with [person]. Couldn't have picked a better place to live."

We saw people being supported with kindness and consideration. Staff spoke with people in a kind manner and knew them well. We saw at lunchtime people were provided with suitable equipment in order to maintain their dignity. These included mobility aids, crockery and cutlery which enabled people to be as independent as possible. We saw staff help people to eat at a pace that was suitable for them and sat by people's sides whilst assisting some people with their meals. We saw staff ask people what they would like for pudding. One person was asked if they would like some more custard. Staff encouraged people to eat their meals in a polite respectful way.

People were treated as individuals and were encouraged to make choices about their care. This included how people wanted to spend their day, where they would like to sit, and their choice of food. For example, one person enjoyed walking around their home and watching what was happening during the day which was fully respected by staff. Another person told us about how they had a birthday party with balloons. This person said, "They (staff) will do it for everyone if they want it done." They also said, "They (staff) involve you, it is not like a prison."

We saw staff were caring and compassionate towards people, engaged them in conversations and addressed people by their preferred names. For example, during the morning medicine round we saw the staff member spent time with people and there were lots of individual chats along the way which we saw people enjoyed as they smiled and laughed. We also saw staff provided comfort and support to people, such as, gentle reminders about what was happening during the day and making sure people had the television remote control at hand.

We saw staff had a good understanding of people's individual communication needs and involved people who had limited verbal communication. Staff approached people in a friendly and respectful way and understood people's communication methods. For example, staff looked for non-verbal cues or signs in how people communicated their mood or feelings. Some of the signs people expressed showed they may be in pain, or discomfort. These non-verbal signals were recorded in people's care records and staff understood what to look out for.

All the staff we spoke with told us they always knocked people's doors before they entered their rooms. We observed this happening and people confirmed to us this was the case. One person told us, "Oh yes they respect your privacy and dignity. Another person said, "Staff do knock the door, it is very rare they don't." We saw when staff went into people's rooms to support them with their care needs; they closed the doors to maintain people's dignity and privacy.

Good

Is the service responsive?

Our findings

All people we spoke with told us they were confident their care was individualised. One person said, "I can go to bed when I want. I like to go early." Another person told us, "They do all they can to help me. They are as good as gold." A relative told us how staff had supported and responded to their relations specific needs when they were advised by a physiotherapist to undertake exercises to improve their physical needs. Another relative said they had no complaints about the care and how staff respond to their relations needs. However, they told us sometimes staff miss the little things at times, such as, making sure their relations glasses were cleaned.

We spent time observing the care and support people received. We saw people were supported appropriately at different times and by different staff. Staff gave people their full attention and responded to each person in a caring way. We saw staff provided support and care that responded to people's needs as assessed and planned for. For example, one person liked to sleep with one pillow. We saw they had one pillow on their bed. Another person was unwell and staff were advised that the person should have plenty to drink. We saw the person had drinks at hand and staff did support them to drink.

Staff we spoke with described how people received care personalised to them. One staff member said, "I always ask people what they want." One staff member said, "I read the care plan before I provide any care, especially if it is someone new." Another member of staff told us about their responsibilities as a keyworker and how through this they had learnt a lot about how people liked their care delivered. They told us, "We have a lot to do with families for three or four people, it works well." We also saw staff had handovers that took place at the beginning of each shift and staff told us they were able to refer to the notes during the shift. These arrangements enabled staff to share information to support them in their roles so that people received care personalised to them.

People spoke with us about the activities they did at the home. One person told us they enjoyed reading a newspaper and we saw that they had access to a newspaper. This person said, "If you have a hobby they (staff) will try and help you to carry it on" and "They have activities if you want to do them." Another person said, "They do have activities, concerts, quizzes and other similar functions. I like quizzes. We go out but not a lot. We go to Dudley centre a lot." A further person told us, "They have a new activities lady. They play cards, crosswords and games. I like to read." We saw they had a book on their table. We observed some people playing darts which was in line with the social events which was displayed on the notice board.

The information we received from the provider told us one of the key areas for further improvement was to develop the range of social and leisure pursuits for people. The registered manager told us staff were gathering information from each person so that staff are able to support people to follow their interests and hobbies. They also told us there was a staff member who worked full time to support people to follow their interests and for social events to be planned in the home and the community. This included arranging for people to go to the local church which was positive as one person told us, "I regard myself as an active Christian. Its one thing I don't get here. I went at Christmas to the church." The person felt that the church services held at the home were not the same as going to church. Another person said, "I miss the church. I do have Holy Communion though."

We asked people and their relatives if they were aware of the provider's complaint procedure. People told us that they would share their concerns with the registered manager or a member of staff. One person told us, "I've no complaints they are very good. If I did have a complaint I would speak to the manager or write a letter." Another person said, "If I had a complaint I would speak with staff." They told us of one complaint they made which was addressed immediately." A relative said, "I would soon tell the manager if I was not happy."

People who lived at the home told us they had attended a group meeting where they could raise any concerns or complaints. We asked staff about how people who were not able to verbally express their concerns or complaints. One staff member described to us they would know if a person was unhappy by their body language, such as, their facial expressions and or by any other behaviours which were not normal for the person. The provider had maintained a record of complaints which showed what action had been taken to resolve the concern and to improve services. For example, people's complaints were responded to in writing. This meant people could be confident that their concerns would be listened to and taken seriously.

Good

Is the service well-led?

Our findings

People we spoke with knew who the registered manager was and felt that they could approach her if they wanted or needed to. One person said, "The manager comes around quite frequently." Another person said the registered manager, "Comes down twice a week and has lunch." All the relatives spoken with were complimentary about the registered manager and what they had achieved since they had been in post. One relative said, "The home has blossomed since [registered manager] has been here. It's obvious she knows what she is doing." Another relative told us, "She is a gem really as she seems to be dedicated to her job and it shows, she is very approachable."

The registered manager had developed opportunities to enable people who lived at the home and relatives to share their experiences of using the service. People told us about the meetings that had taken place and how they felt able to have their say about the services provided at the home. One relative told us that the registered manager would work a shift if they were unable to get staff cover which included Sundays. This enabled the registered manager to monitor staff practices and people's satisfaction with the service provided. Throughout our inspection we saw the registered manager communicated with people in a responsive, friendly and supportive manner.

The staff told us they could attend staff meetings and these were a two way conversation with the registered manager. They told us they felt supported and could approach the registered manager or deputy manager which we saw happened during our inspection. One staff member told us, "The deputy is brilliant." We could see that staff enjoyed working at the home, they looked happy and they told us they enjoyed their job. We observed them working together as a team and they were organised and efficient.

There was a registered manager in post and they understood their role and responsibilities. They were supported by a deputy manager. Records we looked at showed that the registered manager sent the required notifications to us within the required timescale. This meant we were kept up to date with events in the home in between our inspections. The registered manager also welcomed the findings of our inspection and following our inspection responded with the actions they had taken. For example, the completion of mental capacity assessments so that the law was followed in practice with people's right upheld.

The service was part of a larger organisation. The registered manager told us the wider organisation was supportive of the service, and offered regular feedback and assistance to them to support them in their role. We saw that help and assistance was available from the provider's representatives who visited the home regularly. They would check, monitor and review the service people received to ensure that good standards of care and support were being delivered. Where improvements had been identified as needed then action plans had been completed about how these would be achieved.

The registered manager was knowledgeable about the aspects of the service and highlighted to us the areas where work was in progress to ensure improvements were driven through. This included reviewing the meals and the range of social events to ensure these continued to meet people's individual needs. The registered manager was also eager to make stronger links with the community such as the local hospice so that staff received training in advanced care planning and an introduction to the 'Greensleeves' documentation. This documentation provides information about people's wishes around their end of life care. It follows the person when they move to other community settings, such as, hospitals so that people's end of life care is personalised to each person so that their wishes are known and respected as there is no room for misinterpretation. This shows the registered manager was aware of other initiatives local to them as well as the provider's national initiatives. This demonstrated that the registered manager had developed a forward looking culture for the benefit of people who lived at the home, the staff team and her responsibilities as manager.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not taken appropriate steps to ensure that people who lacked capacity to give their consent to their care had decisions made in their best interest in line with the Mental Capacity Act 2005.